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May 24, 2005

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Re: U.S. Utility Patent Application Serial No. 09/849,967**  
**For: SPLICE CHOICE ANTAGONISTS AS THERAPEUTIC AGENTS**  
**Our Reference No: 51230-00601**

Dear Sir:

Transmitted herewith for filing in the U.S. Patent and Trademark Office in connection with the above-referenced application are the following documents:

- (1) Request for Continued Examination Transmittal (1 sheet);
- (2) Fee Transmittal (in duplicate);
- (3) Preliminary Amendment (19 sheets); and
- (4) Request for Extension of Time (1 month).

Please charge all fees due for this submission to Collier Shannon Scott Deposit Account No. 03-2469.

Please date-stamp the enclosed copy of this letter, thereby acknowledging receipt of the above-identified documents.

Sincerely yours,

JOHN N. COULBY, Reg. No. 43,565  
MICHAEL S. KERNS, Reg. No. 51,233

JNC/jrd

Enclosures

cc: Dr. Stuart Newman  
Dr. Stella Manne

PTO/SB/17 (10-01)(modified)  
OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

002/PTO(modified)  
Rev. 10/2001U.S. Department of Commerce  
Patent and Trademark Office**FEE TRANSMITTAL****TOTAL AMOUNT OF PAYMENT**Subtotal (1) + Subtotal (2) + Subtotal (3) = **\$ 455.00****Complete if Known**

Application Number	09/849,967
Filing Date	May 8, 2001
First Named Inventor	Stuart A. Newman
Group Art Unit	1642
Examiner Name	Yu, Misook
Attorney Docket Number	51230-00601

**METHOD OF PAYMENT****1. The Commissioner is hereby authorized to:**

- ☒ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.†
- ☒ Applicant claims small entity status  
See 37 CFR 1.27

Deposit Account Number: 03-2469

Deposit Account Name: COLLIER SHANNON SCOTT

A Duplicate Copy of this authorization is attached

**2. ☐ Payment Enclosed:**☐ Check ☐ Credit Card ☐ Other**FEE CALCULATION (fees effective 10/01/2001)****1. FILING FEE**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$790	201/\$395	Utility Filing	
106/\$350	206/\$175	Design Filing	
108/\$790	208/\$395	Reissue	
114/\$200	214/\$100	Provisional Filing	

**SUBTOTAL (1)****2. CLAIMS**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$50	203/\$25	Claims in excess of 20
102/\$200	202/\$100	Independent claims in excess of 3
104/\$360	204/\$180	Multiple dependent claim
109/\$200	209/\$100	Reissue independent claims over original patent
110/\$50	210/\$25	Reissue claims in excess of 20 and over original patent

**3. ADDITIONAL FEES**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	
147/\$2,520	147/\$2,520	For filing a request for reexamination	
115/\$120	215/\$60	Extension for response within first month†	60
116/\$450	216/\$225	Extension for response within second month†	
117/\$1020	217/\$510	Extension for response within third month†	
118/\$1,590	218/\$795	Extension for response within fourth month†	
128/\$2,160	228/\$1,080	Extension for response within fifth month†	
119/\$500	219/\$250	Notice of Appeal	
141/\$1,500	241/\$750	Petition to revive unintentionally abandoned application	
142/\$1,400	242/\$700	Utility Issue Fee (Or Reissue)	
143/\$800	243/\$400	Design Issue Fee	
122/\$130	122/\$130	Petitions to the Commissioner	
126/\$180	126/\$180	Submission of Information Disclosure Statement	
179/\$790	279/\$395	Request for Continued Examination (RCE)	395
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	
146/\$790	246/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	
149/\$790	249/\$395	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify):

Other fee (specify):

**SUBTOTAL (3)** 455.00

(Col. 1)		(Col. 2)		(Col. 3)		Fee	Fee Due
For	No. of Existing Claims	minus*	Highest No. Previously Paid For	=	Extra**		
TOTAL		minus*	20 or	=			
INDEP		minus*	3 or	=			
[ ] First presentation of multiple dependent claim							=

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

**SUBTOTAL (2)****SUBMITTED BY**Typed or Printed Name **JOHN N. COULBY/MICHAEL S. KERNS**

Signature

**Complete (if applicable)**

Reg. Number

43,565/51,233

Date

May 24, 2005

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby